

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 09/471,523 FILING DATE _____
 APPLICANT(S) _____

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS					
NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP
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TOTAL NO.	2	4	4								
TOTAL DEP.	10	13	16								
TOTAL CLAIMS	12	17	18								

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 09/474523 FILING DATE
APPLICANT(S)

CLAIMS		CLAIMS		CLAIMS		CLAIMS		CLAIMS		CLAIMS	
ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
NO	DEP	NO	DEP	NO	DEP						
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TOTAL NO.	4	4									
TOTAL DEP.	14	18									
TOTAL CLAIMS	18	18									